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From international law firm Arnold & Porter LLP comes a timely column that provides views on current regulatory and legislative topics that weigh on the minds of today's physicians and health care executives.

Reducing the burden of Medicare's physician quality-reporting system

--By Catherine Brandon, Arnold & Porter LLP

Gone are the days where a health care provider could simply bill Medicare for services rendered and expect reimbursement at the fee schedule rate. Today, health care providers must report quality measures, put electronic health records to meaningful use and display efficiency in care to earn incentive payments and avoid various downward payment adjustments. Thus, figuring out how to properly report under these programs — and how to do so efficiently — can have a significant impact on your practice's profits. This article provides basic information about the Physician Quality Report System (PQRS) and provides tips on how to minimize the reporting burden.

PQRS is a reporting program that uses a combination of incentive payments and payment adjustments to promote the reporting of quality information by eligible professionals. For CY 2014, successful PQRS participants will earn a 0.5% incentive payment on their Medicare Physician Fee Schedule (PFS)-allowed charges for covered professional services furnished during CY 2014. Conversely, eligible professionals who do not satisfactorily report data on quality measures during the 2014 PQRS program year will be subject to a 2% negative payment adjustment to their PFS charges for services provided in 2016. Additionally, under Value-based Modifier rules, group practices of 10 or more physicians will be subject to an additional 2% negative payment adjustment in 2016 if either the group or 50% of individual physicians in the group fail to satisfactorily participate in PQRS.

There are a number of different reporting mechanisms that individual eligible professionals or group practices may use to participate in PQRS, including through claims, registries or EHR systems. Individual eligible professionals do not need to sign up or preregister to participate; they need only to submit information on individual PQRS quality measures or measure groups using one of a number of reporting mechanism options. Alternatively, eligible professionals had the option to participate as a group practice by registering for the Group Practice Reporting Option by Sept. 30, 2014.

To receive a bonus under most reporting options, eligible professionals must report on least nine clinically applicable measures covering three National Quality Strategy (NQS) domains for at least 50% of eligible patients. Successfully reporting these nine measures will also avoid the penalty; alternatively, eligible professionals can report at least three measures covering one NQS domain to avoid the penalty. The list of PQRS measures and corresponding NQS domains may be found [here](#).

Here are some tips to help minimize the reporting burden:

Seek guidance from your specialty society

Many physician specialty societies, such as the American Academy of Ophthalmology, have information on their websites about measures relevant to their members' practices. Many also sponsor their own qualified registries through which you can report under PQRS.

Report a measures group

If there is a qualified registry available for your specialty, an individual eligible professional can choose to report one measures group on a 20-patient sample (the majority of which must be Medicare Part B FFS patients) rather than nine individual measures on 50% of his or her Medicare patients. The list of measures groups is available [here](#).

Combine reporting across programs

If an individual eligible professional satisfactorily reports using the EHR-based reporting options, he or she will satisfy the clinical quality measure (CQM) component of the Medicare EHR Incentive Program. Similarly, an eligible professional can use a Qualified Clinical Data Registry to report at least nine of the electronic CQMs finalized for stage 2. Group practices that satisfactorily report under PQRS using one of the EHR-based reporting options, the Clinical and Group Consumer Assessment of Healthcare Providers and Systems, or the Group Practice Reporting Option web interface will satisfy the Medicare EHR Incentive Program's CQM component. Additional information is available [here](#).

Additionally, if the nature of your practice prevents you from having an adequate number of clinically relevant measures, you can still successfully participate in PQRS. Eligible professionals using claims- or registry-based reporting, or groups using registry-based reporting, can report fewer than nine measures or three domains if not enough measures are applicable to the eligible professional's specialty. Note that Medicare will validate whether there were other relevant measures you or your group could have reported, so the Centers for Medicare and Medicaid Services recommends that you contact the QualityNet Help Desk before choosing this option. Additionally, if an eligible professional or group is using one of the EHR reporting options and the CEHRT does not contain patient data for at least nine measures covering at least three domains, then the eligible professional or group reports only those measures for which there is Medicare patient data. An eligible professional or group must report at least one measure for which there is Medicare patient data.

Catherine Brandon is an associate in the Arnold & Porter LLP's FDA and Healthcare practice group. She can be reached at Catherine.Brandon@aporter.com.

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